



Office of International Programs
Benedict College
1600 Harden Street MSC 677
Columbia, SC 29204
Tel: (803) 705-4527 Fax: (803) 705-7391
www.bcoip.net

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name (Exactly as it appears In Credit Card)

First:	Middle Name or Initial (If any):	Last:
--------	----------------------------------	-------

Billing Address (Include Zip Code):

Home Phone (Include Country Code):	Mobile Phone Number:
------------------------------------	----------------------

Payment Purpose (Check All that Apply):
Application Fee (\$60.00) Admission Fee (\$50.00) Housing Application Fee (\$50.00)
Enrollment Fee (\$3,500.00) Tuition Payment: Partial Full Amount Paid: \$ _____
Other (Please specify)

I Hereby Authorize Benedict College to Charge My:
Visa Master Card

Credit Card Number:	Expiration Date:	Credit Card Security Code:
---------------------	------------------	----------------------------

Cardholder's Signature:	Date:
-------------------------	-------

If Paying Student Fee(s), Name of Student:	Student ID Number (If Known):
--	-------------------------------

If International Student, Country of Origin:

**PLEASE FAX THIS FORM TO (803) 705-7391, OR SUBMIT ONLINE
THANK YOU**